

HCBS to WH

When a consumer transitions from HCBS to the Working Healthy program, HCBS budgeting ends with the month the services end and Working Healthy budgeting begins the following month.

Example

Jason Williams is receiving HCBS services. His health has improved, due to the improved medical care he has been receiving, and he has decided to return to his part-time job. He thinks he can get along without the home based services, as long as he still receives a medical card to cover his medications. You receive an ES-3161 indicating HCBS is ending November 28th. The Benefits Specialist in your area has spoken with you about Jason's desire to be on the Working Healthy program. You verify he is back to work and meets all of the WH eligibility criteria for December.

November Benefit Month

- Change **LOT**C to reflect an **IL** living arrangement and level of care effective the day after the HCBS services end. Jason's IL arrangement effective date is 11/29. Make sure you screen-print the **LOT**C screen for the case file.

December Benefit Month

- Add the Benefits Specialist's name to the **ADAD** screen.
- Change the program subtype on **SEPA** from **HC** to **WH**.
- Update the **PICK** screen with the appropriate Working Healthy special medical indicator.
- Determine the WH premium and enter it on the **MSID** screen. If Jason has a WH premium, make sure you have agreement from him that he intends to pay the premium before you authorize the case.
- Authorize the case.
- Approve the case and send appropriate notices to Jason, the HCBS case manager, and the Benefits Specialist. Make sure you include the HCBS end date and the new WH premium amount, if applicable.

If Jason chooses to participate in the Working Healthy - WORK program, remember to code the LOTC screen so the consumer can receive support services through WORK

All WORK cases must have the following LOTC information:

Living Arrangement: WK

Level of Care: NA

LA/LOC Payment Effective Date: The first day of the appropriate month

Patient Liability: \$00.00

Date Screen Completed: Date WORK request known to eligibility worker

5/2008

Temporary Stays (TC coding)

There are times when it will be necessary for a consumer to be absent from their home to receive medical care as well as for non medical reasons on a temporary basis. A temporary stay is considered the month of entrance (absence) and the following 2 months. If a stay goes beyond this time limit the living arrangement will have to be changed.

WH to NF - Temporary Stay

When a Working Healthy consumer enters the nursing facility for a temporary stay, they remain budgeted on the Working healthy program as long as their nursing facility stay is expected to be no longer than the month of entrance and the two following months.

Example


Ham Porter enters a nursing facility on 12/20 for rehabilitation services. You verify that the stay is only expected to be 30-60 days. Ham will not be able to work while he is in the nursing facility, but his job is being held open for him to return to once released.

Before Taking Action On KAECSSES

- Ham is not working while in the NF, so a temporary unemployment period will begin for continued Working Healthy coverage.
- Make the referral to the Benefits Specialist, set your **WOAL** for the end of the temporary unemployment period, and take appropriate action on the reported decrease in earned income.
- You verify Ham meets the nursing facility level of care.

December Benefit Month

- Code **LOT**C with the **TC** living arrangement and the appropriate level of care for the NF with the effective date of 12/20. Ham does not have a patient liability since he is responsible for his WH premium obligation during his temporary stay. Make sure you screen-print the **LOT**C screen for the case file.
- Set an alert on **WOAL** to make sure Ham is out of the nursing facility by 2/28.
- Update **ADDR** on the day of action, for the facility notices to mail correctly.
- Send appropriate notices to Ham, the nursing facility, and the Benefits Specialist.

 **NOTE:** More than likely an entrance to the NF would also correspond to a decrease in the earned income. This change would be acted upon the month following the month of change. Once a premium is reduced it is not increased until review or desk review.

WH to NF - Long Term Stay

When a Working Healthy consumer enters the nursing facility, long term care budgeting begins the month following the month of entrance (except for Spousal Impoverishment cases).

Example

Scotty Smalls, a single individual, enters the nursing facility on 12/10 for a long term stay. He had been receiving Working Healthy coverage and working part-time at a doctor's office. His income was low enough that he was not paying a premium for WH coverage.

Before Taking Action On KAECSSES

- Verify he meets the level of care and that the stay is considered permanent.
- The entrance into the facility will often correspond to a decrease in the earned income. Be sure you react to this change the month after the month the change is known.

December Benefit Month

- Code **LOT**C with the **NF** living arrangement and appropriate NF level of care effective the day the consumer enters the facility. The consumer would not have a patient liability for the first month as they are responsible for their WH premium in the first month. In Scotty's case, his NF living arrangement and level of care is effective 12/10. He has a patient liability of \$0.00 in December. Make sure you screen-print the **LOT**C screen for the case file.

January Benefit Month

- Change the subtype on **SEPA** from **WH** to **AC**.
- Remove the WH **PICK** coding (or replace with other appropriate coding, if applicable).
- Delete any premium amount reflected on the **MSID** screen. In Scotty's case, he didn't have a premium.
- Determine the new patient liability and authorize the case. Based on Scotty's income his patient liability is \$670.
- Update **LOT**C with the new patient liability information and effective date. Scotty's liability is \$670 effective January. Make sure you screen-print the **LOT**C screen for the case file.
- Send appropriate notices to the consumer, the Benefits Specialist, and the nursing facility. Make sure you include the information about the patient liability for both the month of entrance and the following months.
- Update **ADDR** on the day of action, for the facility notices to mail correctly.
- Don't remove the Benefits Specialist from the **ADAD** screen until the following business day (so they receive copies of the change notices).

5/2008

WH to NF - Long Term Stay & Spousal Impoverishment Situation

When a married Working Healthy consumer enters the nursing facility, long term care budgeting begins the month of entrance to the facility. This allows for Spousal Impoverishment provisions to be applied immediately.

Example

Jimmy Dugan has been receiving coverage under the Working Healthy program. Recently, his health condition has deteriorated and his wife, Kit, placed him in a nursing facility. He is not expected to ever be able to return home. He entered the nursing facility March 18th. He has been paying a premium for his Working Healthy coverage. You verify he meets the NF level of care.

March Benefit Month

- Complete a division of resources. Implement the resource allowance, if the couple meets all the resource criteria and determine eligibility.
- Change the subtype on **SEPA** from **WH** to **AC**.
- Remove the Working Healthy **PICK** coding (or replace with other appropriate coding, if applicable).
- Delete the WH premium amount reflected on **MSID**.
- Determine if Jimmy's wife, Kit, is eligible for any income allocation.
- Since Jimmy has already been billed for his WH premium for the month of March, allow it against the patient liability on the **MEEX** screen. If there is no patient liability, request a premium refund from the Benefits Specialist Team Leader in central office via the WH premium mailbox.
- Calculate the patient liability and authorize the case.
- Update **LOTG** with the NF living arrangement and appropriate nursing facility level of care effective March 18th. Enter the patient liability with a March effective date. Make sure you screen-print the **LOTG** screen for the case file.
- Update **ADDR** on the day of action, for the facility notices to mail correctly.
- Appropriate notices are sent to Jimmy, the Benefits Specialist, and the nursing facility.
- Don't remove the Benefits Specialist from the **ADAD** screen until the following business day (so they receive copies of the change notices).

April Benefit Month

- Adjust the patient liability to the ongoing monthly amount, if necessary. You do this by updating the **MEEX** screen, authorizing the case, and updating **LOTG** with the ongoing liability amount effective April. Make sure you screen-print the **LOTG** screen for the case file.

HCBS to NF - Temporary Stay

HCBS budgeting stays in place and payment to the nursing facility is established. The consumer remains responsible for their HCBS obligation and may be billed for the amount if HCBS services are provided during the temporary stay. If the HCBS obligation is not collected during this time period, there is no overpayment.

Example

Kermit Frog is receiving HCBS services (FE waiver) in the assisted living wing of Muppet West. He recently fell and broke a leg. He is admitted to the nursing facility wing of Muppet West on June 15th to recuperate. The facility indicates that his stay is expected to last for six weeks. Kermit's income is \$847 each month. He is paying an obligation of \$100 for his HCBS services.

Before Taking Action on KAECSSES

- Verify he meets the NF level of care (required if the stay is going to be greater than 30 days).
- Verify that the stay is temporary in nature with both the facility and the HCBS case manager. If there is a discrepancy, communicate with the case manager. They often will leave some HCBS services in place with the expectation that the consumer will be returning home. Payment for those services is dependent on how we code the system.

June Benefit Month

- Update LOTC with the TC Living arrangement code effective the date of entrance to the facility. The level of care remains the HCBS waiver code to allow both the facility and HCBS providers to be paid. The patient liability remains unchanged. The MMIS system recognizes that the liability remains assigned to HCBS claims from the level of care coding. If no services are provided during this stay, the obligation will not be collected and there would be no overpayment. For Kermit's situation, The TC living arrangement and FE level of care is effective 6/15. His liability is unchanged and remains \$100. Make sure you screen-print the LOTC screen for the case file.
- An alert is set on WOAL to monitor that the consumer will be discharged from the facility. The alert is set for Kermit's case mid-August.
- Update ADDR in order for the facility notices to be sent correctly.
- Appropriate notices are sent to the consumer, the nursing facility, and the HCBS casemanager.

HCBS to NF - Temporary Stay Becomes Long Term

HCBS budgeting ends with the last month of the temporary stay and nursing facility budgeting begins the following month.

Example

Janice Allen was receiving HCBS services through the FE waiver. On April 15th, she was admitted to the nursing home for a temporary stay. An alert is set to check the status of Janice's temporary stay. The worker follows up on their alert on the **WOAL** screen mid-June and verifies that Janice will not be discharged by the end of the month. NF budgeting must begin in July.

July Benefit Month

- Change the program subtype on **SEPA** from **HC** to **AC**.
- Adjust the coding on **PICK**, if necessary.
- Determine the new patient liability and authorize the case. In Janice's case, her liability is now \$806.
- Update the **LOTG** screen. The living arrangement is changed from **TC** to **NF** with the appropriate nursing facility level of care and effective date. The new patient liability is entered with its effective date. Janice's NF living arrangement is effective July 1st. The new patient liability is also effective July 1st. Make sure you screen-print the **LOTG** screen for the case file.
- Update **ADDR**, if necessary. Send appropriate notices to the consumer, the HCBS case manager, and the nursing facility.

HCBS to NF - Permanent Stay

NF budgeting begins the month following the month of entrance to the nursing facility. HCBS budgeting remains in effect for the month of entrance to the facility.

Example

Joe Smith was receiving HCBS service in his home. His family decided he was no longer safe in his home and he was admitted to a nursing facility on 6/10 for a permanent stay. Joe's income is **\$925** which means he had an obligation of **\$178** for his HCBS services.

Before Taking Action On KAECSSES

- Verify he meets the NF level of care and that the stay is considered permanent by both the facility and the HCBS case manager. If there is a discrepancy, communicate with the HCBS case manager.

7/2008

June Benefit Month

- Update **LOT**C with a living arrangement of **TC** effective the first day of NF stay. The level of care remains the appropriate HCBS waiver code for the first day to enable both the facility and HCBS providers to be paid for services provided that day. The patient liability remains unchanged. The MMIS system recognizes the liability is assigned to the HCBS living arrangement from the level of care waiver code. Update the NF screening date, if appropriate. Make sure you screen-print the **LOT**C screen for the case file and press Enter or F1 to enter through the screen.
- Go back to the **LOT**C screen and change the living arrangement to **NF** with the appropriate nursing facility level of care effective the second day of the NF stay. The patient liability remains unchanged for the first month of the NF stay. Make sure you screen-print the **LOT**C screen for the case file.

July Benefit Month

- Change the program subtype on **SEPA** from **HC** to **AC**.
- Determine the new patient liability amount and authorize the case. In Joe's case, his liability to the nursing facility is \$863.
- Update **LOT**C with the new patient liability amount and effective date. For Joe, the liability of \$863 is effective the month of July. Make sure you screen-print the **LOT**C screen for the case file.
- Update the address on **ADDR** in order for the facility notices to be sent correctly.
- Send the appropriate notices to Joe, the nursing facility, and the HCBS case manager.

NF to NF

Process:

When the worker is notified that the consumer has transferred to another facility (via the MS-2126), ADDR is updated and appropriate notices are sent.

Often the first NF has collected the patient liability. If the first NF is over paid , it is their responsibility to refund the consumer. The consumer would in turn pay the 2nd NF the remaining portion of their liability. (The MMIS system attributes the patient liability to the first facility billing for that month.)

NF to HCBS

HCBS budgeting begins with the month of discharge from the nursing facility providing that the consumer's choice/assessment was in that month. If the choice or assessment was in a later month, HCBS budgeting cannot begin until that month. The month of discharge would be subject to IL budgeting in these situations.

Re-budgeting the month of discharge using the higher IL or HCBS budgeting, will often result in the need to make a retroactive patient liability adjustment.

Example

Jim Slim is discharged from the nursing facility on July 15th. His total income is \$850, so his NF patient liability was \$788. An ES-3160 is received from the AAA indicating that Jim's choice date is June 10th and that services will begin on July 16th on the FE waiver. Normally you would begin HCBS budgeting with the choice date, however, HCBS cannot begin prior to the NF discharge date.

July Benefit Month

- Change the subtype on **SEPA** from **AC** to **HC** in the month of discharge.
- Adjust the coding on **PICK** accordingly.
- Determine the new patient liability amount based on the higher IL or HCBS budgeting standards and authorize the case. Jim's liability was \$788, but when budgeted with the HCBS PIL his obligation is \$103.
- Update **LOT**C with the new patient liability amount effective the month of discharge.
- This is a retroactive change and those procedures should be followed. Make sure you screen-print the **LOT**C screen for the case file and press Enter or F1 to go through the screen. Jim's liability is now \$103 effective July.
- Go back to **LOT**C and update the living arrangement to **HC** with the appropriate level of care effective the day of discharge. The patient liability is left alone. The new MMIS system will recognize the change in living arrangements and will assign the liability to the first living arrangement in the month. Make sure you screen print the **LOT**C screen for the case file and press F1 or Enter to update the screen.
- Send appropriate notices to the consumer, facility, and HCBS case manager regarding the change in liability and HCBS approval. **ADDR** must have the facility address in order for system generated facility notices to be mailed to the correct address. **ADDR** should be updated with the consumer's new address the day after taking action or facility notices can be sent from the local office on the day you are taking the action.

August Benefit Month

- Determine the on-going client obligation for HCBS services and authorize the case. Jim's HCBS obligation is \$103 per month.
- Update **LOT**C with the on-going client obligation amount and effective date. Make sure you screen-print the **LOT**C screen for the case file.
- Send appropriate notices to the consumer and the HCBS case manager.

1/2009

NF to IL - Lengthening Base Period (1 month to 6 month base period)

The IL base period is established beginning with the month of discharge (except for Spousal Impoverishment cases).

Example

Jake Taylor has been in the nursing facility recuperating from hip replacement surgeries. You are notified that he was discharged on 6/5. Jake went home and is not receiving any type of home-based services. Based on his income of \$800 per month, Jake's patient liability was \$738.

Before Taking Action On KAECSSES

- Make sure that Jake is not married and that spousal impoverishment provisions are not applicable to the month of discharge.
- Inquire into the provider subsystem within MMIS to determine the nursing facility's daily rate. The nursing facility used in Jake's scenario has a daily rate of \$100.
- Calculate the cost of care at the NF for the month of discharge by taking the daily rate multiplied by the number of days the consumer was in the facility. Jake's cost of care is \$400 (\$100 x 4 days) in the month of June.

June Benefit Month

- Remove the **AC** program subtype from the **SEPA** screen.
- Adjust the coding on **PICK** as appropriate.
- Access **SPEN** and lengthen the base period from a one-month base to a six-month base. In Jake's case the new six-month base period is June to November.
- Determine the six-month spenddown amount.
- Allow applicable medical expenses as well as the patient liability for the month of discharge on the **MEEX** screen.
 - If the consumer was not in the facility enough days to be obligated for the entire patient liability, change the patient liability on the **LOTC** screen to match the NF cost of care in the month of discharge. This change is considered a retroactive change and those procedures should be followed. Make sure you screen-print the **LOTC** screen for the case file. Once the change is made, allow the adjusted patient liability for the month of discharge on the **MEEX** screen to reduce the six-month spenddown. Make sure you send the consumer and the facility a notice about the adjusted patient liability. In Jake's case, his cost of care was \$400. His patient liability is changed on the **LOTC** from \$738 to \$400 effective June. Retroactive change procedures are followed.

NOTE: If less than 6 months remaining in recertification period you will need a new application. KEESM 1411.2 (3)

1/2009